

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32005

FILED OCT 5 1950

State File No. _____

318

1003

7968

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>2817 GAMBLE ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2817 GAMBLE ST.</u>				d. STREET ADDRESS (If rural, give location) <u>2817 GAMBLE ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>WASHINGTON</u>		c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 16 50</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR 2 1865</u>	
9. AGE (in years last birthday) <u>85</u>		10. MONTHS <u>6</u>		11. DAYS <u>14</u>		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>			
11. BIRTHPLACE (State or foreign country) <u>COLDWATER MISS.</u>				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>GEO. WILLIAMS</u>				13b. MOTHER'S MAIDEN NAME <u>SALLIE</u>			
14. NAME OF HUSBAND OR WIFE <u>ADDIE WILLIAMS</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Ben Geo. Williams</u> ADDRESS <u>MAGNOLIA AVE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Prostate</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>							
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>177X</u>			
22. I hereby certify that I attended the deceased from <u>Aug 7 1950</u> to <u>Sept 16 1950</u> , that I last saw the deceased alive on <u>Sept 16 1950</u> , and that death occurred at <u>8 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. T. Adrich</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2607 Franklin Ave</u>		23c. DATE SIGNED <u>9-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>—</u>		24b. DATE <u>Sept 22 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>COLDWATER MISS. CEM</u>		24d. LOCATION (City, town, or county) (State) <u>COLDWATER MISS</u>	
DATE REC'D BY LOCAL REG. <u>SEP 20 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. F. Walton</u>		ADDRESS <u>2707 St. Charles</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by:.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address

4049 St Ferdinand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.